

ST. JOSEPH'S REHABILITATION CENTER

2902 EAST AVENUE SOUTH

LA CROSSE 54601 Phone: (608) 788-9870

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 80

Total Licensed Bed Capacity (12/31/03): 80

Number of Residents on 12/31/03: 63

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 66

Non-Profit Corporation

Skilled

No

Yes

Yes

66

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 19.0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 34.9 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 9.5 | More Than 4 Years | | 22.2 |
| Day Services | No | Mental Illness (Org./Psy) | 22.2 | 65 - 74 | 6.3 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 11.1 | 75 - 84 | 27.0 | | | 76.2 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 50.8 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 6.3 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 1.6 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 1.6 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 14.3 | 65 & Over | 90.5 | ----- | | |
| Transportation | No | Cerebrovascular | 4.8 | | ----- | RNs | | 9.7 |
| Referral Service | No | Diabetes | 3.2 | Gender | % | LPNs | | 12.1 |
| Other Services | No | Respiratory | 1.6 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 39.7 | Male | 27.0 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 73.0 | | | |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total | % |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-------|---------------------|-----|-----|----------------|-----------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Resi- dents | Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 14.3 | 142 | 0 | 0.0 | 0 | 1 |
| Skilled Care | 12 | 100.0 | 233 | 20 | 74.1 | 122 | 1 | 100.0 | 132 | 14 | 87.5 | 172 | 5 | 71.4 | 122 | 0 | 0.0 | 0 | 52 |
| Intermediate | --- | --- | --- | 7 | 25.9 | 102 | 0 | 0.0 | 0 | 2 | 12.5 | 164 | 1 | 14.3 | 102 | 0 | 0.0 | 0 | 10 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 |
| Total | 12 | 100.0 | | 27 | 100.0 | | 1 | 100.0 | | 16 | 100.0 | | 7 | 100.0 | | 0 | 0.0 | 63 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 7.0 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.8 | Bathing | 1.6 | 71.4 | 27.0 | 63 |
| Other Nursing Homes | 0.0 | Dressing | 23.8 | 52.4 | 23.8 | 63 |
| Acute Care Hospitals | 92.2 | Transferring | 27.0 | 49.2 | 23.8 | 63 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 27.0 | 41.3 | 31.7 | 63 |
| Rehabilitation Hospitals | 0.0 | Eating | 73.0 | 23.8 | 3.2 | 63 |
| Other Locations | 0.0 | ***** | | | | |
| Total Number of Admissions | 129 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 6.3 | Receiving Respiratory Care | 7.9 | |
| Private Home/No Home Health | 30.1 | Occ/Freq. Incontinent of Bladder | 50.8 | Receiving Tracheostomy Care | 0.0 | |
| Private Home/With Home Health | 9.6 | Occ/Freq. Incontinent of Bowel | 4.8 | Receiving Suctioning | 0.0 | |
| Other Nursing Homes | 4.4 | | | Receiving Ostomy Care | 0.0 | |
| Acute Care Hospitals | 16.2 | Mobility | | Receiving Tube Feeding | 1.6 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 1.6 | Receiving Mechanically Altered Diets | 28.6 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 16.2 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 23.5 | With Pressure Sores | 0.0 | Have Advance Directives | 88.9 | |
| Total Number of Discharges | | With Rashes | 7.9 | Medications | | |
| (Including Deaths) | 136 | | | Receiving Psychoactive Drugs | 66.7 | |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-----------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Nonprofit Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 82.5 | 92.0 | 0.90 | 87.1 | 0.95 | 88.1 | 0.94 | 87.4 | 0.94 |
| Current Residents from In-County | 90.5 | 85.9 | 1.05 | 81.0 | 1.12 | 82.1 | 1.10 | 76.7 | 1.18 |
| Admissions from In-County, Still Residing | 19.4 | 22.1 | 0.88 | 19.8 | 0.98 | 20.1 | 0.96 | 19.6 | 0.99 |
| Admissions/Average Daily Census | 195.5 | 138.9 | 1.41 | 158.0 | 1.24 | 155.7 | 1.25 | 141.3 | 1.38 |
| Discharges/Average Daily Census | 206.1 | 139.5 | 1.48 | 157.4 | 1.31 | 155.1 | 1.33 | 142.5 | 1.45 |
| Discharges To Private Residence/Average Daily Census | 81.8 | 64.3 | 1.27 | 74.2 | 1.10 | 68.7 | 1.19 | 61.6 | 1.33 |
| Residents Receiving Skilled Care | 84.1 | 96.1 | 0.87 | 94.6 | 0.89 | 94.0 | 0.90 | 88.1 | 0.95 |
| Residents Aged 65 and Older | 90.5 | 96.4 | 0.94 | 94.7 | 0.96 | 92.0 | 0.98 | 87.8 | 1.03 |
| Title 19 (Medicaid) Funded Residents | 42.9 | 55.4 | 0.77 | 57.2 | 0.75 | 61.7 | 0.69 | 65.9 | 0.65 |
| Private Pay Funded Residents | 25.4 | 32.6 | 0.78 | 28.5 | 0.89 | 23.7 | 1.07 | 21.0 | 1.21 |
| Developmentally Disabled Residents | 0.0 | 0.6 | 0.00 | 1.3 | 0.00 | 1.1 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 33.3 | 36.2 | 0.92 | 33.8 | 0.99 | 35.8 | 0.93 | 33.6 | 0.99 |
| General Medical Service Residents | 39.7 | 24.3 | 1.63 | 21.6 | 1.84 | 23.1 | 1.71 | 20.6 | 1.93 |
| Impaired ADL (Mean) | 46.3 | 50.5 | 0.92 | 48.5 | 0.96 | 49.5 | 0.94 | 49.4 | 0.94 |
| Psychological Problems | 66.7 | 58.5 | 1.14 | 57.1 | 1.17 | 58.2 | 1.15 | 57.4 | 1.16 |
| Nursing Care Required (Mean) | 5.8 | 6.8 | 0.84 | 6.7 | 0.86 | 6.9 | 0.83 | 7.3 | 0.79 |